



U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark <u>4.17.11</u>	Date Received <u>4.18.11</u>	Notification # <u>222747</u>				
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>St. Joseph's Hospital</u> Address: <u>2605 Harlem Road</u> City: <u>Cheektowaga</u> State: <u>NY</u> Zip Code: <u>14225</u> County: <u>Erie</u> Site Location: <u>Roof</u> Building Size (square feet): <u>20,000</u> # of Floors: <u>2</u> Age in Years: <u>50</u> Present Use: <u>Hospital</u> Prior Use: <u>Hospital</u>							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: <u>Catholic Health Systems</u> Address: <u>2605 Harlem Rd.</u> City: <u>Cheektowaga</u> State: <u>NY</u> Zip Code: <u>14225</u> Contact: <u>Stu Jenkins- Progressive</u> Telephone: <u>(716) 873-8711</u> Fax: _____ Removal Contractor Name: <u>Fibertech Environmental Services, Inc.</u> Address: <u>140 North St.- suite 140</u> City: <u>Buffalo</u> State: <u>NY</u> Zip Code: <u>14201</u> Contact: <u>Jeff Haynes</u> Telephone: <u>(716) 876-4080</u> Fax: _____ Other Operator (demolition/general): <u>Progressive Roofing</u> Address: <u>331 Grote St.</u> City: <u>Buffalo</u> State: <u>NY</u> Zip Code: <u>14207</u> Contact: <u>Stu Jenkins</u> Telephone: <u>(716) 873-8711</u> Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)		1,200					
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: <u>04/25/11</u>	Complete: <u>06/01/11</u>				
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: <u>04/25/11</u>	Complete: <u>06/01/11</u>				
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	8	8	8	8	8		

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Roofing replacement- abate asbestos containing roof then place new roof on wood		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Regulated work area, wet methods, PPE including disposable suite / respirators		
XII.	Waste Transporter #1	Name: Waste Management Address: 10860 Olean Rd. City: Chaffee State: NY Zip Code: 14030 Contact: Peter Martin Telephone: (716) 496-5000		
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: C.I.D. Landfill Address: 10860 Olean Rd. City: Chaffee State: NY Zip Code: 14030 Contact: Thomas Machucki Telephone: (716) 496-5000		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____			
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Stop Work, don proper PPE, contain material, develop plan to abate remaining asbestos			
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 04/25/11 _____ Date </div> <div style="width: 40%; text-align: center;"> Jeffrey Haynes _____ Type or Print Name and Title </div> </div>			
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 04/25/11 _____ Date </div> <div style="width: 40%; text-align: center;"> Jeffrey Haynes _____ Type or Print Name and Title </div> </div>			